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|   | 5                               |  | 1 ACT 01 1333, | no persons are re                           | quirea to respon | d to a collection of a | ntormation un          | ess it disp | lays a valid OME             | 3 control number       |
|---|---------------------------------|--|----------------|---|------------------|------------------------|------------------------|-------------|------------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875  |                                 |  |                |   |                  |                        |                        | Applic      | Application or Docket Number |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY               |                                 |  |                |   |                  |                        |                        | OR          | OTHER THAN<br>SMALL ENTITY   |                        |
| FOR   |                                 |  | NUMBER FILE    | D NUM                                       | BER EXTRA        | RATE                   | FEE                    | 7           | RATE                         | 555                    |
|   | SIC FEE<br>CFR 1.16(a))         |  |                |   | <u></u>          | 1                      | s                      | OR          | 10012                        | FEE                    |
|   | TAL CLAIMS<br>CFR 1.16(c))      |  | minus          | 20 -  |                  | xs =                   | 1                      | 1           |                              | <u>s</u>               |
| IN  | DEPENDENT CL                    | AIMS                                     |                |   | <del></del>      | X \$=                  | <del> </del>           | OR          | X \$=                        | <del></del>            |
|   | CFR 1.16(b))                    |  | minus          | 3 =   .                                     |                  | X \$=                  | <del> </del>           | OR          | x \$=                        |                        |
| MU  | LTIPLE DEPEN                    | DENT CLAIM PR                            | ESENT          | (37 CFR 1.16(d))                            | + \$=            | <u> </u>               | OR                     | + \$=       |                              |                        |
| ° If the difference in column 1 is less than zero, enter °0° in column 2. |                                 |  |                |   |                  | TOTAL                  |                        | OR          | TOTAL                        |                        |
| CLAIMS AS AMENDED - PART II   |                                 |  |                |   |                  |                        |                        |             |                              |                        |
| 3   | 2-05                            | (Column 1                                |                | (Column 2)                                  | (Column 3)       | SMALL                  | ENTITY                 | OR<br>-     |                              | R THAN<br>. ENTITY     |
| AMENDMENT A   |                                 | CLAIMS<br>REMAININ<br>AFTER<br>AMENDME   | IG             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                   | ADDI-<br>TIONAL<br>FEE |             | RATE                         | ADDI-<br>TIONAL<br>FEE |
| M   | Total<br>(37 CFR 1.16(c))       | 213                                      | Minus          | 212   | - 1              | x \$=                  |                        | OR          | x \$50 =                     | 5000                   |
| III.  | Independent<br>(37 CFR 1.16(b)) | . 18                                     | Minus          | 17  | = 1              | x \$ =                 |                        | OR          | x s200 =                     | 200.00                 |
| ΑŞ  | FIRST PRESEN                    | TATION OF MUL                            | TIPLE DEPEN    | DENT CLAIM (37 C                            | FR 1.16(d))      |                        |                        | OR          |                              | 20 0.00                |
|   |                                 |  |                | <u> </u>                                    |                  | <u>+ \$=</u> TOTAL     |                        | J OR        | TOTAL                        | 950                    |
|   |                                 |  |                |   |                  | ADD'L FEE              |                        | OR          | ADD'L FEE                    | 250.00                 |
|   |                                 | (Column 1)<br>CLAIMS                     | <del></del>    | (Column 2)                                  | (Column 3)       |                        |                        |             |                              |                        |
| AMENDMENT B   |                                 | REMAINING<br>AFTER<br>AMENDMEN           | ł              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                   | ADDI-<br>TIONAL<br>FEE |             | RATE                         | ADDI-<br>TIONAL<br>FEE |
|   | Total<br>(37 CFR 1.16(c))       |  | Minus          | ••  | =                | X \$ =                 |                        | OR          | x \$ =                       |                        |
|   | Independent<br>(37 CFR 1.16(b)) | •  | Minus          | ***   | -                | x \$=                  |                        | -           | x \$ =                       |                        |
| ₹   | FIRST PRESENT                   | ATION OF MULT                            | TPLE DEPEND    | ENT CLAIM (37 CF                            | R 1.16(d))       | +\$ =                  |                        | OR<br>OR    |                              |                        |
|   |                                 |  |                |   |                  | TOTAL<br>ADD'L FEE     |                        | OR          | + \$ =<br>TOTAL<br>ADD'L FEE |                        |
|   |                                 | (Column 1)                               |                | (Column 2)                                  | (Column 3)       | •                      |                        |             |                              |                        |
| NTC   |                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                   | ADDI-<br>TIONAL<br>FEE |             | RATE                         | ADDI-<br>TIONAL        |
| AMENDMEN  | Total<br>(37 CFR 1.16(c))       | •  | Minus          | 68 -  | E                | x \$ =                 | 1 1.1.                 | 00          | x \$=                        | FEE                    |
|   | Independent<br>(37 CFR 1.16(b)) | •  | Minus          | ***   | =                |                        |                        | OR          |                              |                        |
| ₹   |                                 | TION OF MULTI                            | PLE DEPENDE    | ENTICLAIM (37 CF)                           | R 1 16(d))       |                        |                        | OR          | × \$=                        |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |                                 |  |                |   |                  | TOTAL =                |                        | OR          | + \$=                        |                        |
| •   | If the entry in co              | lumn 1 is lese t                         | han the ento   | in column 2, write                          | "O" in column 3  | ADD'L FEE              |                        | OR          | ADD'L FEE                    |                        |
| •••   | n the "Highest N                | umber Previou                            | siv Paid For   | IN THIS SPACE IN THIS SPACE IS              | e lace than 20 a | ntor *20*              |                        |             |                              | İ                      |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.